

PROGRESS
OF
MEDICAL SCIENCE:

A NEW WORK ON

SKIN DISEASES, BLOOD IMPURITIES,
AND ITS MORBID CONDITIONS.

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WITH A CHAPTER ON

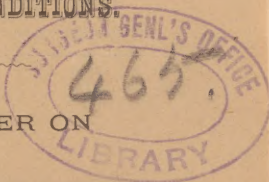
**PERSONAL BEAUTY,**

✓ BY

**Drs. JACQUES & BRODIE,**

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# PROGRESS OF MEDICAL SCIENCE.

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It has been well observed by scientific surgeons that operations involving the removal of a limb, or any portion of the normal human body, is not much better than mutilation, and is the standing opprobrium of surgery. This stigma bids fair to be removed at no distant day; no educated surgeon of the time, who keeps pace with the progress of his art, would now think of ruthlessly cutting off a limb for the sake of a portion of diseased bone or gland, which can be readily, painlessly, and—by Esmark's system—bloodlessly excised, without sacrificing any portion of healthy tissue, and the surgeon who would now amputate after the manner practised by the very best operators of so late a date as a

dozen years ago, ought to be put into an insane asylum for life, or, at least, deprived of the power of doing mischief in future. In this respect, surgery has made giant strides in medical science; however, there is one department, which may, up to the present, be justly regarded as an absolute opprobrium; we allude to "Dermatology," or skin diseases; so many crude and ignorant ideas have prevailed on these affections that medical writers, from the earliest period to the present day, have absolutely failed in every attempt at classification—nay! they have been unable even to determine whether skin diseases belong to the domain of surgery or medicine, and the student, when he comes to study cutaneous affections, becomes bewildered at the number and varieties of attempted classifications, one more complicated and inconsistent than the other; every author he consults having adopted a theory, nomenclature, and classification of his own. The confusion is so complete that the puzzled student gives it up in despair, and, as a rule, never bothers his head any more about it. Tiibury Fox, the eminent dermatologist, in the last edition of his works on Skin Diseases,

after quoting one of the many systems, states, "I give the system here, since students are "*sometimes* expected at examinations to be acquainted with the details" (we have italicized the word sometimes). In after practice the physician or surgeon is driven to use empirical remedies, such as were used a thousand years ago, and, of course, with the usual result—failure or partial relief. Hence it is that if you compare the Pharmacopœias of the present day with those of your great-grandfathers, you will find that, although in every other department the remedies have been completely revolutionized—yet, in the prescriptions for skin affections, and those only, the old-fashioned remedies have unflinchingly held their place, though expunged in other sections. Why this state of things exists, it is not necessary or desirable that we should here explain, we simply assert the fact, and any one who feels interested can take up any number of the medical works on dermatology, and convince himself that no two of them agree, either in treatment, or, especially, in classification. The great stumbling block to progress has always been the utter failure of every attempt at the latter. So long as twenty-

five years ago we conceived the idea of reducing this chaos to order, and, we flatter ourselves, not without success. In this investigation and course of experiments, the aid of the microscope was invaluable. Without the constant and patient use of this instrument, we never could have made the important discoveries which have enabled us to adopt a satisfactory classification and rational mode of treatment of skin diseases. In putting forward our simple system, we know we may be charged with innovation, or with being on a hobby; well—perhaps so—but if it be a hobby, it is one which we have found perfectly successful, and which we have used for the benefit of our fellow-creatures for twenty years; and, moreover, one which we will not abandon, either in theory or practice, so long as kind Providence leaves us the blessing of our intellect.

### CLASSIFICATION.

We have reduced all cutaneous diseases to two great divisions, as under, viz.:

1--Parasitic.

2--Non-Parasitic.

The first class we have subdivided into two;



*a*—Vegetable Parasites.

*b*—Animal Parasites.

The non-parasitic are all, whether specific, malignant, local, or general, embraced in the numerous family of constitutional skin diseases, or rather, constitutional diseases manifesting themselves by or accompanied with skin alterations, eruptions, etc. Of course, this includes the zymotic and toxæmic or blood-poison maladies. It is obvious that these can, on rational principles, be treated only through the constitution, whilst the treatment of parasitic affections is exactly the reverse; if the treatment appropriate for the one be substituted by or confounded with the other, the malady is sure to be aggravated, and the patient who falls into the hands of a stupid and blundering practitioner, becomes an advertisement of his medical attendant's want of skill. The proper treatment for those it would be, we consider, useless to introduce here; to the general reader, it would be unintelligible, or, perhaps, would give him a desire for the acquisition of "a dangerous thing," namely, "a little learning." To the medical student or

practitioner, it is only necessary for us to invite his attention to our system of classification. If he indorse it, and if he be possessed of average skill, he will at once know and adopt the suitable remedies, and if he fail in amenable cases, he must be either stupid, lazy or dishonest.

In professing to treat successfully skin diseases, we do not pretend to claim any merit over our medical confreres, for any medical man who makes dermatology a special study can deserve and command success. We have done so, and twenty years of practical experience have convinced us. Our qualifications and status in our profession are, we believe, such as to warrant us in launching this treatise on the vast sea of medical literature.

Our treatment and experience of skin diseases naturally and inevitably brought us into an allied branch—the removal of deformities. When successful in curing a disfiguration of the skin, a patient, if so afflicted, naturally consults you as to the removal of any malformation or arrest of development in the body. Thus we have had to treat such surgical cases as club foot,



spinal curvature, hare lip, and plastic surgery of all kinds. This field of practice made it incumbent on us to study, and, as far as possible, master all diseases peculiar to children. It is during infantile life that all these are, or at least ought to be removed or remedied. And the surgeon who undertakes to operate on a child must be physician enough to deal with the various complications and affections to which children are liable. If he neglect this, no matter how expert he may be in surgery, he will fail.

Examinations of Cutaneous Affections.—A few words of advice to those who undertake to treat these maladies. It is an admitted fact that skin diseases are, as a rule, most obstinate and intractable, apparently resisting every remedy. Why is this? Because physicians, in most cases, do not or will not take the trouble of ascertaining the cause of the diseased state of the skin or constitution which leads to the development of a cutaneous rash or other modifications of the cutis. The same physician, for instance, who, if consulted by a patient, say for a pain in the side, will take the greatest

pains to ascertain by auscultation and every other means the causes of the suffering, yet, when applied to for relief of a skin disease, examines it superficially, jumps to a conclusion after merely looking at it, and, forthwith, he prescribes. Now it so happens that no diseases affecting the human being require so patient and circumspect an examination, both locally and constitutionally, otherwise a correct diagnosis is out of the question, and without diagnosis cure is only effected mainly by a chance guess. Sometimes the guess may be successful, though frequently it fails, and makes bad worse. The patient, after repeated trials, becomes sceptical of medical skill, and believes himself incurable. Thus it is we encounter every day in our streets persons of both sexes and all ages whose features, naturally well-formed, are blemished with all sorts of disgusting blotches, pimples, red and hypertrophied noses, inflamed eyelids, and the other parts of the body generally disfigured. None of these are incurable and only require the skill of a specialist in dermatology.

We wish to impress a few words of advice on practitioners in this field for their own credit and that of the profession.

Do not form a diagnosis without having carefully examined the patient. Ascertain the state of the vital organs. It is most important to be thoroughly acquainted with the condition of the liver.

Examine the glands and take care, by family history and other means, to satisfy yourself as to the evidence of any scrofulous or syphilitic taint.

If constitutional, you will, of course, treat it on general principles. Local applications, as a rule, are to be avoided.

If the disease be parasitic, ascertain by the microscope the nature of the parasite, whether vegetable or animal, and destroy it.

There is a certain well-known skin affection which, to the eye of the educated physician, plainly speaks of the approach of the dread disease, consumption. Do not attempt to suppress this eruption by local applications, but encourage the efforts of nature in eliminating the scrofulous poison through the skin, and confine your treatment to the lungs, which

are assuredly in danger of tubercular deposit, with its inevitable trains of evils, which, alas, only too frequently culminate in death.

The author above quoted (Dr. Tilbury Fox), in his introductory remarks, last edition, page 2, states :

" To be a successful dermatologist, it is necessary  
 " to be a well-informed physician. The dermatologist  
 " has hitherto practically ignored this fact in the  
 " pathology to which he has pinned his faith, and the  
 " therapeutics he has adopted. I have no hesitation  
 " in saying that the best preparation for the study of  
 " diseases of the skin, is a good grounding in general  
 " medicine, at the bedside and in the dead-house. I  
 " also think dermatology has been as much retarded  
 " by having been viewed too much from the surgical  
 " as it will be advanced from considering it in the  
 " future, from the purely medical point of view in  
 " connection with recent advances in pathological  
 " observation."

Then follows the classification which he adopts, thus:—We give it here merely as an example of the latest attempt at classification.

1. Eruptions of the Acute Specific Disease (Zymotic). These I need not specify in detail.
2. Local Inflammations, comprising—  
*a)* erythematous inflammations, including erythema, erythroderma, rosacea, urticaria, pellagra, and certain medicinal rashes.

- (b) *catarrhal* inflammation, or *eczema*.
  - (c) *plastic*, or papular inflammation, including *lichen* and *prurigo*.
  - (d) *bullous*, including *herpes*, *pemphigus*, and *hydroa*.
  - (e) *suppurative*, including those diseases that are essentially pustular—ex., *ecthyma*, *impetigo contagiosa*, and *furuncular* affections, inclusive of Delhi boil, Aleppo evil, and Biskra bouton.
  - (f) *squamous* inflammations, including *pityriasis rubra*, and *psoriasis*.
3. DIATHETIC disorders, including *strumous*, *sypilitic*, and *leprous* diseases of the skin.
  4. HYPERTROPHIC and ATROPHIC diseases. Under this head are included on the one hand *pityriasis*, *warts*, *corns*, and *ichthyosis*—in which the epithelial layers are mainly affected, together with *keloid*, *fibroma*, *scleroderma*, etc., in which the connective tissue of the skin is involved amongst hypertrophies; and on the other, *atrophy*, and *senile decay* amongst atrophies.
  5. NEW FORMATIONS, in which the neoplasm is the essential and only diseased condition present. This group includes *cancer*, *lupus*, and *rodent ulcer*.
  6. HEMORRHAGES—ex., *purpura*.
  7. NEUROSES, such as *hyperæsthesia*, *anæsthesia*, and *pruritus*.
  8. PIGMENTARY ALTERATIONS.

## 9. PARASITIC DISEASES, including—

- (a) *Animal*, or *dermatozoaic*, including *scabies*, or *itch*, and *phthiriasis* or lousiness, and affections associated with the chigger, the dermestid, the lepto, fleas, bugs, gnats, etc.
- (b) *Vegetable*, or *dermatophyte*, including *trichophyton*, *trichomycosis*, *trichomycosis*, *trichomycosis*, which embraces *Bathom*, *Calrose* and other ringworms, *trichomycosis*, *trichomycosis*, *trichomycosis*, *trichomycosis*, *trichomycosis*, and *onychomycosis*.

## 10. DISEASES OF THE GLANDS AND APPENDAGES, including—

- (a) Diseases of sweat glands—*ex*, *hyperhidrosis*, *anhidrosis*, *chromhidrosis*, *milareta*, *sudamina*, *lichen tropicus*, etc.
- (b) Diseases of the sebaceous glands—*ex*, *seboreia*, *acne*, *eczema*, *eczema*, *eczema*, *eczema*, *eczema*, etc.
- (c) Diseases of the hairs and their follicles.
- (d) Diseases of the nails.

It is undoubtedly most elaborate and exhaustive; to the advanced dermatologist, perfectly intelligible, and sure to be appreciated, but we cannot help seeing that it is embarrassing to the student. He will very likely be puzzled, especially as the phases and stages of the same diseases are dignified with independent names, and, in fact, classed as distinct affec-



tions. We are inclined to think a simpler system would be more useful for all practical purposes. Our plan, we maintain, embraces all that is necessary. As a familiar example of a well-known parasitic disease we will take *scabies*, commonly called itch. This disease is caused by a minute insect, the *acarus scabiei*, which burrows under the skin; in the commencement, the disease appears merely as a small white speck, which is often overlooked. The itching, however, and the irritation caused by scratching, the friction of the clothes, etc., set up in due time, first a crop of papules, then vesicles, then pustules, etc. Here we have four diseases manufactured out of one, and dermatologists delight in speaking of *scabies simplex*, *scabies papular*, *scabies vesicular*, and *scabies pustular*. The scientific physician recognizes only the one disease. He goes to the "*fons et origio mali*," the *acarus*; he destroys it; the disease is, of course, cured, and down tumbles the complicated fabric of the dermatologist. This is only one instance. The itch, for isolating symptoms and signs, and dividing the various stages of the one affection into so many

different maladies, has crept into the treatment in dealing with every species of skin diseases; in fact, it is the besetting sin of the dermatologists, and it is really the bug bear which has driven most students from the study of this important branch of the profession. Now to illustrate the absurdity of this multiplication, we ask in the name of common sense what would be thought of a physician who, if called to a patient suffering from one of the exanthemata, say smallpox (the peculiar eruption presenting the well-marked appearances first of papule, then pustule, finally scabs and desquamation) would call and treat each of these stages as a separate disease? Yet in skin affections we see this pernicious practice followed every day. Fortunately, as a rule, these affections seldom end fatally. Of course, when connected with secondary and tertiary lesions, they are serious indeed. One thing peculiar to them is that they become manifest to the patient in an early stage, and it is only when grossly neglected they become chronic or dangerous.

The time has not yet arrived when all the useless and unmeaning names can, with safety,

be dispensed with. They have become so familiar to the ear that students would fail to understand the descriptions if the departure from the old routine were too violent<sup>t</sup> or abrupt. We are therefore obliged in the ensuing epitome of these diseases to sacrifice strict science and our own views to practical utility. We consider a modification of Willan's System less objectionable than others. It is based on the apparent characters of the disease, and, although the technical names are undoubtedly wrong, and, in fact, ridiculous, yet for some time they must pass current in clinical study, and after all, the name is of no great importance, provided it do not lead the student astray in his diagnosis and treatment. "The rose by any other name will smell as sweet."

## SKIN DISEASES.

ORDER 1. *Ecanthemata*.—Erythema; roseola; urticaria.

ORDER 2. *Vesiculae*.—Sudamina; herpes; eczema.

ORDER 3. *Bulla*.—Pemphigus; rupia.

ORDER 4. *Pustula*.—Ecthyma; impetigo.

ORDER 5. *Parasitici*. — *Tinea tonsurans*; *tinea favosa*; *tinea decalvans*; *tinea sycosis*; *tinea versicolor*; *scabies*.

ORDER 6. *Papulae*. — *Strophulus*; *lichen*; *prurigo*.

ORDER 7. *Squamae*. — *Lepra*; *psoriasis*; *pityriasis*; *ichthyosis*.

ORDER 8. *Tubercula*. — *Elephantiasis*; *molluscum*; *acne*; *lupus*; *frambesia*; *keloid*; *vittiligo*.

The order "Maculae" (*Maculae*, a stain or bluish) has been omitted. This has been done partly because it is often a matter of little moment whether portions of the skin are marked by the presence of too much or too little pigment; and also for the reason that where the discoloration is thought to be a symptom of an important constitutional affection (as in *Morbus Addisonii*), it is better to describe such disease in its proper place rather than give undue prominence to only one of its symptoms, especially as that one is often the least important. It may of course be said that the greater number of skin diseases, properly so-called, are secondary affections; but then it should be recollected that in these, the visible

sign of the constitutional derangement is of greater significance than the derangement itself. On the opposite principle jaundice, purpura, typhus, and typhoid fever might be regarded as cutaneous diseases. Whether therefore there is an excess of pigment (as in freckles, moles pregnancy, and Addison's disease) or a deficiency (as in leucoderma and albinism), appears, so far as regards the actual discoloration which results, to be of little consequence.

Skin diseases may be materially modified according as the patient is strumous, anæmic, plethoric, gouty, rheumatic, or dyspeptic; as well as by the age and sex, the mode of life, and residence of the sufferer; and by the condition of the uterine functions in women. These affections may also be altered by, or entirely dependent on, a syphilitic taint.

## ORDER I. EXANTHEMATA.

This order includes erythema, roseola, and urticaria. By many dermatologists, erysipelas, measles, and scarlatina are regarded as exanthematous diseases; but such an arrangement seems to have only the questionable advantage

of making the class as comprehensive as possible.

**1. Erythema.** Inflammatory blush, or efflorescence cutanée, is a non-contagious affection; characterized by slight superficial red patches, irregularly circumscribed, of variable form and extent, and most frequently seen on the face, chest, and extremities. Its duration varies from a week to a fortnight: it is seldom preceded or accompanied by febrile symptoms; it causes but slight heat, and no pain.

**2. Roseola.**—Rose rash, or false measles, is a non-contagious inflammation of the skin, which runs its course without producing constitutional disturbance of any importance. It is characterized either by transient patches of redness, of small size and irregular form, distributed over more or less of the surface of the body; or by the formation of numerous, small, slightly raised, rose-colored spots. The eruption, at first brightly red, gradually subsides into a deep roseate hue, and slowly disappears.

There is one form of this affection which frequently affects adults, especially females, in the summer; it is called *roseola arida*.



Women of an irritable system, with irregularity of the uterine functions, are mostly attacked; the disorder is preceded by chills and smart fever; when the eruption appears the fauces often become affected.

But little *treatment* is necessary for these affections. Mild alteratives, a plain diet, a few doses of one of the mineral acids. Where the eruption occurs in children during dentition, the gums—if tender—ought to be lanced.

**3. Urticaria, or Nettle-rash.**—May be described as a non contagious exanthematous eruption. It is characterized by the formation of prominent patches or wheals (technically known as pomphi), which are either red or white, of irregular shape, and of uncertain duration; while they are accompanied by intense heat, a burning and tingling, and great itching.

There are two varieties: one in which the disease is *acute*, running a short, rapid course; another in which it is *chronic*, very obstinate, and either persistent or intermittent. Both forms attack individuals of all ages and constitutions. The chronic intermittent variety is

the *urticaria craniata* of Willan; it sometimes lasts for months, or even years.

Urticaria is caused by certain derangements of the digestive organs, arising from the use of particular articles of diet, such as shell-fish of different kinds, cucumbers, mushrooms, nuts, bitter almonds; or of peculiar medicines, as henbane, turpentine, and balsam of copaiba, etc. It is also seen in connection with uterine irritation; or mental anxiety, over-fatigue, rheumatism, dentition, etc., may induce it.

The *treatment* of acute urticaria must consist in the administration of emetics and purgatives. In the chronic form, laxatives, antacids (especially bismuth), and tepid or cold baths, are the chief remedies, will often effect a cure. In obstinate cases, where there are no symptoms of gastro-intestinal irritation, the disease depends on some constitutional taint—gout, syphilis, uterine disorders, and the treatment for those conditions adopted.

## ORDER II. VESICULÆ.

A vesicle is a slight elevation of the epidermis, containing a serous fluid—generally transparent, but occasionally opaque or sero-

purulent. The fluid may become absorbed; or it may be effused upon the surface, causing excoriation and small thin incrustations.

**1. Sudamina.**—In the progress of many acute and chronic diseases attended with sweating, crops of small transparent vesicles make their appearance. Thus, in acute rheumatism, typhoid fever, etc., sudamina (*Sudo*, to sweat) are frequently found upon the trunk and extremities; especially in the latter stages of these affections.

Miliary eruptions have occasionally been epidemic, and then they have been attended with considerable danger.

**2. Herpes.**—Herpes, or tetter, is a transient non-contagious affection, consisting of clusters of vesicles upon inflamed patches of irregular size and form.

The eruption runs a definite course, rarely continuing for more than two or three weeks; while it is not usually severe, leaves no scar, nor is it accompanied by any constitutional symptoms. Care must be taken not to mistake its nature, since *herpes preputialis* has been actively treated for syphilis, and *herpes circinatus*—when occurring on the scalp—for tinea

tensurans, or ringworm. In a common cold, a cluster of herpes will usually be found upon one of the lips, constituting *herpes labialis*. A singular species of this disease is named *herpes zoster*, or *zona*, or the *shingles*; the inflamed patches with their clustered vesicles being arranged in the form of a band, encircling half the circumference of the body. In nineteen cases out of twenty the zone will be found to occupy the right side of the body.

**3. Eczema.**—Eczema, humid tetter, or running scall, is a very common non-contagious disease; consisting of an eruption of small vesicles on various parts of the skin, closely crowded together, and often running into each other so as to form, on being ruptured, superficial moist excoriations. The heat and inflammation of the affected part, the irritation and tingling produced by the scabs or crusts, and the pain of the fiery red or raw surface which results, all tend to produce considerable fever and restlessness.

All the varieties of eczema are often obstinate, and can only be cured by treating the disease through the constitution.

## ORDER III. BULLÆ.

As a general rule, bullæ differ from vesiculæ merely in being larger; and hence it is unnecessary to separate them into two orders.

**1. Pemphigus.**—This affection is characterized by the appearance of large round or oval bullæ, two or three inches in diameter, upon one or more regions of the body. Each bleb is filled with ordinary alkaline serum; which after a time loses its transparency, and then becomes acid and puriform. The eruption in pemphigus, usually from one to three weeks, occasionally becomes chronic and is prolonged for months.

Pemphigus sometimes attacks infants within a short time after birth. The bullæ usually appear on the palms of the hands or the soles of the feet, or more seldom about the buttocks; and as they burst, unhealthy ulcers are often disclosed. Unless these cases are promptly treated, the disorder rapidly runs on to a fatal issue. Diarrhœa and vomiting set in, the little patient quickly becomes greatly emaciated, and death occurs from exhaustion. It has never seemed advisable to trust to the mother in these

cases, especially, where the child has presented any indication of syphilis.

Pompholyx is merely a variety of pemphigus, unattended with fever, and running its course in eight or ten days: it is very rare.

**2. Rupia.**—Rupia may be considered as a modification of pemphigus occurring in persons of debilitated constitutions, and especially in those whose systems have been contaminated with the poison of syphilis. It is characterized by the eruption of small flattened bullæ; these blæbs containing at first serous fluid, which soon becomes purulent or sanguinolent, and then concretes or dries into dark and black and rough scabs. The margins of the surrounding skin inflame; more serum continues to be poured out; and thus the incrustation increases in circumference and thickness until it somewhat resembles the shell of one of the mollusca. When the crusts fall off they leave circular ulcers, of various sizes, indurated to touch, and which often only cicatrize after the lapse of many weeks. The loins and lower extremities are most frequently affected. Its duration varies from two or three weeks to several months. In treating these, the diagnosis is most impor-



tant; in nine cases out of ten they are syphilitic and require most serious attention, whilst the tenth case may be harmless or parasitic. (See *Scabies*.)

#### ORDER IV. PUSTULÆ.

The pustular affections of the skin are characterized by the formation, between the cuticle and cutis vera, of small tumors or pustules containing purulent fluid. They are succeeded by irregularly formed scabs, and frequently by permanent cicatrices. The diseases of this class are—*ecthyma* and *impetigo*. Small-pox is often ranged with the pustular diseases.

**1. Ecthyma.**—*Ecthyma* is a non-contagious inflammation of the skin; characterized by large, round, prominent pustules, occurring upon any part of the body. The latter, which leave superficial ulcers, followed by cicatrices.

*Ecthyma* will frequently occur spontaneously; it is often met with as a sequela to some other disease,—as one of the eruptive fevers, syphilis, etc.; or it may result from some irritant applied to the skin.

The *treatment* of the acute form must consist in the use of gentle laxatives, slightly

acidulated drinks, and a nourishing diet. Water dressing, or the *lotio plumbi*, or the *unguentum zinci*, may be applied to the pustules. —In the chronic variety local applications are useless, the constitutional cause must be sought for and cured.

**2. Impetigo.**—*Impetigo* is a severe, sometimes contagious, inflammation of the skin; characterized by an eruption of small hemispheroidal or flattened pustules, most frequently grouped in clusters, and forming thick, rough, yellowish scabs or incrustations. From beneath the incrustations a discharge takes place; while the crusts become thicker and larger, and fall off, leaving a raw surface. The constitutional treatment must consist in attention to diet; with the use of mild laxatives, alkalies, and tonics—especially quinine. Arsenic is sometimes required; and so is cod-liver oil.

## ORDER V. PARASITICI.

The order *Parasitici* must be divided into two groups; according as the parasite belongs to the vegetable or animal kingdom. The cutaneous affections depending upon parasitic plants, or epiphytes, are—*Tinea tonsurans*,

*Tinea favosa*, *Tinea decalvans*, *Tinea sycosis*, and *Tinea versicolor* or *Chloasma*.

In the animal parasitic skin diseases are grouped all irritations and affections of the skin caused by a living parasite, and there are included the bites of fleas, bugs, and various pediculi, or vermin which prey upon the human body.

The most common and well-known form of animal parasitic disease is scabies or itch. This affection may attack every portion of the body, but it is most frequently and in the earlier stage almost always found between the fingers and on the wrist. It is caused by an insect, the *acarus scabiei*. The female burrows beneath the epidermis, and forms a pouch in which she deposits her eggs. When the disease is neglected, or when it meets with a skin or soil favorable to its development, it assumes an aggravated form of great severity, presenting masses of large scaly crusts. This state is by some writers called Norwegian itch. Why, we do not know, as we have met with it in many other parts of Europe and America. In fact, it is the necessary consequence of neglect and dirt, and is generally associated with improv-

erished blood. We have repeatedly seen this affection mistaken for syphilitic eruption, the patients having been dosed with mercurials, iodides, etc., etc., the disease all the time running riot. In such cases, an examination of the scabs revealed to us, through the microscope, acari, their eggs and excrement, epithelial cells and sebaceous matter glued together with lymph. The affection readily yields to proper treatment, and we have often had the satisfaction of seeing the unfeigned delight of a patient when cured, not so much from the ease of his bodily sufferings, as by the weight taken from his mind, when relieved of the impression that he was affected with a serious and odious disease.

**I. Tinea Tonsurans.**—This is a chronic contagious disease, known by the decolorization and brittleness of the affected hairs (hence its name, from *tondein*, to shave), the scaly eruption, and the roundness of the diseased patches. It is called *porrigo scutulata*, or scalled head, by Bateman and Willan; *herpes tonsurans*, by Hebra; *herpes circinatus*, by Kelschen; *trichosis furfuracea*, by Erasmus Wilson, and vulgarly ringworm. The parasite is the *Trichophyton tonsurans*.

Ringworm occurs not only on the scalp, but on other parts of the body, as the neck, trunk, etc. In children it affects the scalp; in young adults it attacks the general surface. It is a local disease, just as scabies is.

**2. Tinea Favosa.**—This parasitic disease is seldom met with. It most commonly affects the scalp, in the form of small cup-shaped, dry, yellow crusts, each crust containing a hair in its centre, and somewhat resembling a piece of honeycomb. There is itching; the hairs fall out; the crusts mouldy and offensive; the crusts small, unless they coalesce and form a dry mass. This disease occurs in children, and according to Hebra, is due to neglect. In cases of long standing, the disease will be found on trunk as well as the scalp. It may produce baldness. The synonyms for this contagious disease are honeycomb ringworm, favus, tinea lupinosa, and porrigo favosa. The cryptogamic parasite causing it is the *Achorion Schonleini*.

**3. Tinea Decalvans.**—The third variety of these diseases is easily diagnosed. The hair falls off on spots, leaving perfectly smooth bald patches, which vary in size, sometimes

extending over the scalp. It leads to permanent baldness. It is contagious. In rare cases it destroys every hair upon the body, thus inducing deformity. This affection is usually known as *porrigo decalvans*. The fungus is the *Microsporon Audouini*.

**4. Tinea Sycosis.**—The fourth species of tinea is characterized by inflammation of the hair follicles, causing successive eruptions. These pustules have been thought to have a granulated appearance, resembling the substance of a fig. Sycosis is met with most upon the chin and other parts occupied by the beard. It occurs on the scalp, and rarely affects women. In some cases it is at least aggravated by the excessive use of alcoholic liquors. It is called *mentagra* by Willan and Bateman. The parasite is the *Microsporon mentagrophytes*.

*Treatment.*—This is the same in all these varieties of tinea. It consists in constant attention to cleanliness, removal of the hairs with the scissors, or extraction of them by the forceps (epilation), separation of all scales, or incrustations, by poultices and simple ointments; improvement of the general health by



a generous diet, cod-liver oil, and bark or steel, and the destruction of the parasitic plant.

**5. Tinea Versicolor.**—This affection (commonly known as chloasma—*Χλωαῖα*, to be of a greenish-yellow color) makes its appearance generally on the front of the chest or abdomen, in the form of small spots of a dull reddish color, which gradually increase in size and assume a yellow tint. It may last from a few days to many years. It is contagious. Want of cleanliness and the wearing of dirty shirts favor the occurrence of chloasma. This, according to Eichstedt, is caused by a cryptogamic plant—*Microsporum furfur*. It may be completely destroyed by the use of the ordinary parasiticides.

**6 Scabies.**— See page 29.

## ORDER VI. PAPULÆ.

Papulæ (*Papula*, a pimple) are small, solid, acuminate elevations of the cuticle, resembling enlarged papillæ of the skin. They generally terminate in resolution or in slight desquamation, but sometimes in ulceration of their summits. Strophulus, lichen, and prurigo are the diseases of this class.

**1. Strophulus.**—This papular disease, commonly known as red gum or tooth-rash, is peculiar to infants and young children. It is characterized by an eruption of minute, hard, sometimes slightly red, and clustered or scattered, pimples; which may appear upon a part, or extend over the whole surface of the body. The irritation is slight. Several varieties of strophulus have been described, according as the papule are large or small, scattered or grouped. Practically, all forms are due to stomach or intestinal derangement; this derangement being the consequence of improper feeding, or of irritation about the gums from dentition. If there be constipation, a little rhubarb and magnesia in dill water may be given; or if there be any diarrhoea, a few doses of chalk mixture will be required. Where the eruption seems connected with dental irritation, lancing the gums often gives complete relief. If there be any troublesome itching, a little oxide of zinc ointment, or glycerine and rose water, should be applied.

**2. Lichen.**—Lichen (*Λιχην*, moss) is an obstinate and annoying papular affection. It may be recognized by the minute, hard, red

elevations of the skin, and which are either distinct or arranged in clusters ; by the itching that accompanies the eruption ; as well as slight desquamation which follows its fading.

According to Willan there are seven species of this eruption ; but the treatment for all are the same. Tonics and alteratives are indicated.

**3. Prurigo.**—Prurigo (*Prurio*, to itch ; terminal *-igo*) is a disease characterized by an eruption of small papulæ, of the natural color of the skin, lasting for months or years, causing great misery. Patients scratch and tear themselves till the blood flows ; their sufferings being aggravated by warmth. Willan describes three varieties—*prurigo mitis*, *prurigo formicans*, and *prurigo senilis*. The first the mildest form ; the second, the itching combined with a sensation like the creeping of ants, the third occurs in old persons, and is most obstinate.

The itching arising from prurigo must not be confounded with that caused by insects.

The treatment of this most obstinate affection is so serious and complicated that it would occupy too much space here ; the student must refer to the larger books on skin diseases.

## ORDER VII. SQUAMÆ.

The term Squamæ (*squama*, a scale) is applied to the scales of thickened, dry epidermis which cover papular elevations of the skin; these scales being readily detached, are reproduced by successive desquamations for a long time. The scales are the result of a morbid secretion. Their formation gives rise to slight constitutional disturbance, and to heat and itching; none of the squamous diseases are contagious, though chronic in their duration. Lepra, psoriasis, pityriasis, and ichthyosis are the disorders included in this division.

**1. Lepra.**—Lepra is perhaps the most obstinate and troublesome of all curable cutaneous diseases. It is a non-contagious chronic eruption of red and scaly circular patches, scattered over the body, frequently found in the neighborhood of the joints, especially the knee and elbow. By degrees the patches extend along the extremities to the trunk.

When the patches are of a moderate size, round, red-dish and covered with white scales, the affection is *lepra vulgaris*; when eruption is smaller and whiter, of long standing, the disease

is termed *lepra alphoides*; when it is the result of syphilis, *syphilitic lepra* is the term.

In the *treatment*, local applications, with the exception of alkaline baths, or the warm bath, and tar ointment are useless.—Before resorting to internal remedies the condition of the gastrointestinal canal must be attended to. Then special remedies must be employed, adapted to the constitutional taint.

**2. Psoriasis.**—Psoriasis (*Ψώρα*, tetter) *psora leprosa*, dry tetter, a chronic non-contagious inflammation of the derma; characterized by the development of patches of various extent and form, slightly raised above the skin, covered by thin whitish scales of altered epiderma, and accompanied by fissures. The eruption may be local, or diffused over body. The *local* varieties consist of—psoriasis palpebrarum, psoriasis labialis, psoriasis preputialis, psoriasis scrotalis, psoriasis palmaris, and psoriasis unguinum. The general varieties are—psoriasis vulgaris, psoriasis gyrata, and psoriasis inveterata.

Psoriasis is closely allied to lepra in its appearances and general pathology, probably those authors are correct who disbelieve in the existence of any real difference. Both affections

are sometimes hereditary, and both require the same treatment.

**3. Pityriasis.**—Pityriasis, or dandriff, is a chronic inflammation of the skin, attended with redness and itching, characterized by the production of white scales in quantity. It may attack any region; but the scalp and parts covered with hair are the most common seats of it (*Pityriasis capitis*). The desquamation is copious and incessant. This affection is rebellious to treatment, and may be prolonged. The rash is frequently the forerunner of consumption; its presence calls for a thorough examination of the lungs.

**4. Ichthyosis.**—Ichthyosis (*ἰχθύς*, a fish,) or the fish-skin disease, is characterized by the development, upon the integuments, of thick, hard, dry scales of a dirty gray color, resting upon an uninfamed surface. It is unattended by heat, pain, or itching. Ichthyosis is a congenital disease, lasts during life.

Simple warm and alkaline baths may be employed as palliatives; no other *treatment* seems to be of any use. Donovan's triple solution might be tried.

## ORDER VIII. TUBERCULA.

The diseases belonging to the order Tubercula (*Tuberculum*, a little protuberance), are elephantiasis, molluscum, acne, lupus, frambæsia, keloid, and vitiligo; all characterized by the formation of small, hard tumors, more or less prominent, circumscribed and persistent. The tumors may become ulcerated at the summit, or may terminate in suppuration. Tubercular diseases are slowly developed and very chronic; the most formidable are peculiar to tropical regions; and the symptoms of all characteristic; their diagnosis is free from any difficulty.

**1. Elephantiasis.**—There are two species, viz.: Elephantiasis Græcorum and Elephantiasis Arabum.

*Elephantiasis Græcorum*, or *Elephantiasis anæsthetica*, or the *Eastern leprosy*, a terrible, dangerous constitutional disease, being endemic; characterized by patches of a purplish color, succeeded by elevated tumors having the same tint, irregular in shape and size, soft, smooth, and insensible to touch, which generally—after a time—become the seat of ulcera-

tion. It is not met with in temperate climates. It is designated by the Jews *tsaraath*.

**2. Molluscum.**—So called from the similarity of the tubercles, eminences growing on the bark of the maple tree, consists of small tumors, varying in size from a pea to a pigeon's egg, occasionally a brown color, sometimes they are growing from a broad base, and sometimes from peduncle. There are two forms, one contagious, the other not. Contagious molluscum very rare. Non-contagious molluscum is less severe, and does not produce much irritation; after a time the tumors neither grow nor alter, but remain stationary for life. A cure can only be effected by snipping off the tumors, or by incising them and applying the nitrate of silver.

**3. Acne.**—This disease is more frequently met with than any other, in its simple form. We do not believe any single individual has ever attained the age of puberty without suffering to a greater or less degree from this annoying and unsightly skin affection. Curious enough, in its simplest form it is more aggravating and causes more mental annoyance to those afflicted than when it has reached its more advanced



stages, and why? Simply because it always attacks and disfigures the face at the very time of life that young persons wish to and ought to look their best.

Like every other disease of the skin and its appendages, this disease has been cruelly handled by the dermatologists, divided into stages, and every stage erected into a different affection requiring widely opposite modes of treatment.

Few have yet consented to recognize the disease as parasitic, and even those few have each and every one given the humble and minute parasite a different name. They have agreed only in one respect, in applying a long name consisting of many syllables, constructed out of a barbarous mixture of Greek and Latin. Were we to endeavor to explain all the rubbish—we cannot use a milder phrase—written on this subject, it would occupy too much space, besides being useless. We will therefore describe it in plain English, so that every one can understand

Acne in every form is caused by obstruction of the sebaceous ducts, invariably accompanied by an animal parasite, which we will be content

in calling the *Demodex folliculorum*. We have first found it under this name, and any student who objects to it can consult the various works on dermatology, and take his choice out of a dozen or two longer and less intelligible appellations.

In the first stage, acne manifests itself by a number of small black elevated points scattered over the face, particularly about the nose, cheeks, and forehead, also the lower part of neck and upper part of breast. If these be squeezed out, the sebaceous matter, which is of the consistence of lard, being pressed through the minute skin pore, assumes the form of a small maggot: hence, these have been commonly termed flesh worms. They are not worms, but they leave a genuine worm, a grub behind, which is the real cause of this annoying affection.

When neglected, it assumes a form called *acne indurata*, and when aggravated by irregularity in diet, is called *acne rosacea*. All these are curable. The usual story we hear from those suffering from the simplest form is that they have consulted many physicians, and have been put through course after course of

tonics, aperients, and so-called blood-purifiers, the treatment invariably winding up with the announcement, gravely pronounced by their medical adviser, that the disease is one peculiar to a certain age, and that they must simply put up with it until they reach the time of middle life, when it will in all probability disappear. No doubt it will; why, it is foreign to this treatise to explain. We content ourselves by stating that it can be cured in any form or any stage in a space of time varying from a week to a month, simply by treating it on the same scientific principles as any other parasitic disease, the more aggravated forms only requiring the treatment to be modified so as to meet the particular stage. We have received many testimonials from grateful patients who have derived signal, and in numerous instances unhopèd for benefit from our treatment. Testimonials mostly have been, in our opinion, made use of for unworthy purposes, and we do not consider it dignified or necessary to back up our reputation by having recourse to such publications. We insert a few cases, not testimonials, but merely to illustrate the principles we have enunciated in the

foregoing; at the same time we will be always happy to refer responsible parties seeking our advice to bona fide cures performed on patients who have expressed their desire that we should make use of the testimonials unsolicited which they have sent us, in any way we thought fit; we prefer this course.

**4. Lupus.**—Lupus (*Lupus*, a wolf) is a most formidable affection. It commences with violet-red spots, or more frequently with livid indolent tubercles, the chief character of which is their tendency to end in destructive ulceration of the surrounding parts. There are two varieties of this disease, *lupus non exedens* and *lupus exedens*—or *noli me tangere*. In the *first* there is no ulceration, yet the tubercles leave deep cicatrized pits behind them; while, when it spreads rapidly and superficially, the skin is left crossed by white scar-like ridges and bands. The *second* is very destructive; it attacks the nose more frequently than any other region of the body. Why it does so is unknown. The extent of parts which it destroys varies; sometimes the whole nose being eaten away, sometimes only the point.

A prolonged course of the liquor hydiiodatis

arsenici hydrargyri, or of the liquor arsenicalis, or of the red iodide of mercury, or of iodide of potassium in decoction of sarsaparilla or in bark is necessary in both varieties. At the same time, cod-liver oil and a very nourishing diet ought to be given.

As a local remedy, we have found Zinci Chlor. the most effectual.

**5. Frambœsia. 6. Keloid. 7. Vitiligo.** These diseases are seldom, if ever met with, and for practical purposes their description would be useless.

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## A CHAPTER ON PERSONAL BEAUTY.

What is beauty? Anything which pleases the eye. Physical beauty means health. Without health there is no beauty. The importance of an attractive appearance has been recognized at all times wherever the human race exists, and the savage who paints his body with brilliant colors is only guided by the same instinct which causes the belle of the period in the highest circles of civilized society to paint, powder and enamel, and use

the myriads of cosmetics and nostrums advertised, all of which profess to make "beautiful forever." Speaking as physicians of much experience in skin affections, we have found every one of these vaunted beautifiers absolutely injurious to the skin, and if used for some time, certain to destroy every vestige of beauty. If they were simply worthless, the fools who purchase would have only their money to regret, but, unfortunately, in the great majority of cases, the various compounds are of such a nature that although apparently giving a transient bloom, they exercise a most withering effect on the skin beneath the surface. They first occlude the pores, and in a short time utterly destroy them. When this occurs, there is an end forever to natural beauty, and the victims to the use of cosmetics must, to appear presentable in society, lay on thicker and thicker every day, thus adding evil to evil, until at length even paint fails to hide the ravages on the skin, and, at a comparatively youthful age, the lady (whose eyes are too late opened), presents the appearance of a wrinkled old hag, and very seldom, if ever, regains her good looks. We

know how essentially important it is for the female sex to cultivate, to improve, and to preserve by any legitimate means their natural good looks; in every grade of life, high or low, rich or poor, the face is more or less the fortune. In the case of the rougher sex, the cultivation of physical beauty, though often overlooked, is equally important. "A pleasing personal appearance is the first letter of recommendation." How often have we seen a man's advancement in life marred or destroyed by an unsightly state of the skin, whether caused by neglect or disease. Many cases have come under our notice where persons of both sexes have been rejected, both in public and private employment, simply because they were suffering from acne or some other cutaneous eruption, although eligible in all other respects; these patients, as a rule, had exhausted their means and their hopes in futile attempts to get cured, flying from one doctor to another, and using every nostrum in the market, until they became convinced that their cases were hopeless. Numbers of these sufferers, we are proud to say, we have thoroughly cured, and we can point to many

who are this day in lucrative appointments through our instrumentality, who were before debarred.

It is, therefore, our interest to cultivate and retain good looks: besides it is a moral obligation which we owe to society. The man or woman who walks about exhibiting a disgusting eruption or deformity which can be removed, is guilty of a gross outrage against the first principles of politeness, or even decency. We are aware there are some people who affect to despise personal appearance. They speak of vanity—as if the cultivation and appreciation of the Creator's gifts could justly be termed vanity! These are generally religious fanatics who forget that if their doctrine were carried out, people would neither wash nor dress themselves, but appear in rags and filth.

Handsome, regular, well-cut features certainly deserve all the care that can be bestowed on them, thus enhancing their beauty, whilst, on the other hand, plain or coarse features require and demand all the aid of science and art to make up for, or to improve natural defects. On this point, every



one will admit that the very plainest faces we meet, if healthy, the skin undeformed by disease, are infinitely more beautiful than the very finest classic features, when "sickled over with the pale cast" of disease, whether local or constitutional. In fact, the perfection of the lineaments only attracts attention to, and exaggerates the deformities.

Now, a word of advice.

If you wish to regain lost good looks, or to retain or improve what you have, first of all get yourself into good health. If your health is impaired, go to a medical man of repute and have his advice. Eschew all the advertised applications; they are certain destruction. Use no lotion, no matter how seductive its title, unless prescribed by your physician. Be moderate both in eating and drinking, court the fresh morning air, and above all things, take your bath daily. Health and cleanliness are indispensable to beauty.

# IMPURITIES OF THE BLOOD.

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## ITS CONTAMINATIONS AND DISEASED CONDITIONS.

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"The blood is the life of all flesh."

All the processes of life, the decay and reconstruction of the body, the maintenance of its health, in other words, the removal of the effete worn-out matter, and in its place the deposition of new healthy life-sustaining material for the building up of the tissues and organs, are all carried on through the instrumentality of the blood. It is evident we can never understand the many "ills that flesh is heir to," if we do not first investigate and make ourselves thoroughly acquainted with the properties and chemical constituents of the vital fluid; its

characters, when healthy, as well as when it becomes unfit for sustaining life and vigor, owing to the absence, diminution of, or alteration of one or more of its elements, or when it is tainted with impurities, consisting of foreign particles, however introduced, thus absolutely poisoning the very fountain of life. Much has been written on the subject of impure blood, and hitherto writers have adopted the erroneous idea that impure blood is the *cause* of the numberless diseases with which we find it associated. No doubt, it is the *immediate* cause of the development of the symptoms, but as science progresses, we must travel out of the beaten track. We must not rest satisfied with establishing a diagnosis as to the existence and the nature of the impurities present; we must go a step further, and determine the cause which has led to the degeneration of the blood itself, or the door through which the poisonous foreign matter has gained admission to the circulating system, also we must find out in what diseased organ of the body the impurity is manufactured which contaminates the pure fluid. Then, if we wish to cure, it will not do

to be content with removing the actual existing impurities, we must cut off the supply, and destroy the manufactory. Let us take, for instance, the disease called jaundice. Now, this disease, in its most deadly form, is nothing more than a pigment or color circulating in the blood. Such poisonous pigment is manufactured through the medium of a diseased liver. Formerly the treatment consisted in administering a quantity of so-called blood-purifiers, endeavoring by means of the kidneys, the skin, and all the excretory organs to eliminate the poison. No doubt they were and are useful, but the relief obtained is only partial and temporary. Now, the scientific practitioner cures the liver at the same time that he removes the impurities already existing, and thus effects a radical and permanent cure. To illustrate our meaning, suppose you had a well constantly supplied with pure, fresh spring water, which, after a time, becomes polluted by drainage from a neighboring sewer. You may clean out the well repeatedly with good effect, and the more frequently the better, yet so long as the communication with the sewer exists, the contam-

ination of the water continues, and by a well known mechanical law, the disease, so to speak, increases. It is evident in this case, although the water carries disease to those who consume it, yet the sewer is the real source of the poison, and the water is only the innocent medium of its circulation. A vast number of the most formidable maladies with which humanity is afflicted are due to foreign poisons from external sources, introduced directly into the blood. To this class belong all the fevers, the deadly typhoid and typhus, that dread scourge, the yellow fever, and the comparatively harmless eruptive fevers, such as measles, chicken-pock, etc. To this class also belong the diseases caused by specific poisons in the blood, such as syphilis. When this virus once gets into the system it never fails to make sad havoc. If not eradicated, the blood carries the venom to every organ in the body. No tissue, nerve, fibre, muscle, or bone escapes its ravages, and yet the blood is only the vehicle in which the poisonous syphilitic germs float and are conveyed to the minutest particles of the human frame. In the first stage, this affection is purely local; in the second stage,

its effects are, as a rule, observed on the superficial parts of the body, such as the skin, throat, etc.; its appearance on these parts being due to an effort of nature to expel the virus. Later on, in the tertiary stage, it attacks the deep seated structures and the bones. The vital organs—lungs, heart, liver, kidneys, the brain, spinal marrow, all become affected, and the unfortunate sufferer presents one of the most pitiable objects in creation. This disease is one typical of where the administration of blood purifiers are demanded, and should be energetically and persistently used, not alone for the expulsion of the virus, but also for the elimination of the remedies which are necessary, and which are used as antidotes to the syphilitic poison, and which, if allowed to remain in the system, would produce a train of diseases scarcely less serious than the original malady.

It is very important that diseases caused by impurities from external sources, however introduced, should not be confounded with diseased blood itself, degenerated blood, thin, poor, impoverished blood, or with affections caused by diseased conditions of the circulatory vessels and nerves.

What may be termed purely blood diseases are such conditions as : hyperæmia, or, in plain language, too much blood, the supply greater than the demand ; anæmia, or too little blood, the reverse of the former ; and spanæmia, thin or poor blood. Hyperæmia is characterized by lassitude, indolence, sleep, snoring, attacks of vertigo, and apoplexy. Anæmia is attended with a pale, blanched state of the countenance and integuments ; the lips and gums are white, pulse feeble and rapid, loss of appetite, digestion irregular, headache, great debility and languor. Any exertion causes a feeling of syncope or faintness, palpitation of the heart, and in females, absence or diminution of the natural secretion ; in some cases, there is excessive secretion, but in these cases the excessive secretion is the cause and not the effect of the disease.

Spanæmia.—Thin, impoverished, acrid blood, this is a most important diseased condition of the blood, not only from its great seriousness, but also from the frequency with which we meet it. The blood may or may not be deficient in quantity, it rarely is so, but its quality is deteriorated, often to such an extent that it

resembles vinegar. Any debilitating cause produces this state—frequent loss of blood as from piles, starvation, immoderate use of alcohol, etc., but by far the cause above all others is early or youthful indiscretion, frequent excesses, uncontrolled or perhaps continued in more mature years, or, if discontinued, the weakness previously induced, neglected or unsuspected. All the symptoms of the two preceding affections, with many others, greatly aggravated, are associated with this state of the blood, physical debility of the gravest form is present, in which every organ participates. We know that body and mind reciprocally affect each other. “*Mens sana in corpore sano*,” but in this case, along with the sympathetic affection of the mind, we have superadded a direct tangible cause of deterioration, operating in a palpable manner on the matter of which the great organ of the mind is constructed. The mighty brain, “Ambitious airy hall, the dome of thought, the palace of the soul,” wastes and withers its very essences, is constantly draining away; consequently there is mental depression, loss of memory, inability to concentrate the attention, extreme nervous



irritability, exhaustion; and amongst the physical symptoms there is failure of sight and hearing, palpitation, neuralgia, loss of muscular power, complete or partial abeyance of the functions of important organs. When neglected, this disease is sure to end either in consumption, idiocy, or insanity.

Victims to this disease are frequently looked upon and treated as hypochondriacal or hysterical; such a practice cannot be too much condemned; the physician who, either through carelessness or ignorance, informs such a sufferer there is nothing the matter, is grossly culpable. Diseased conditions of the blood are most amenable to treatment; nothing is easier than to increase, to diminish, or to alter the quality of the fluid; whilst, to remove impurities, it is only necessary to ascertain their nature and the pharmacopœia abounds in remedies adapted to each.

There are many affections attributed to the blood, in which this much abused fluid is wholly blameless, the affections being due to various diseases of the vessels. One instance out of many—varicose ulcers are very serious, though very commonly found on the extremi-

ties. They are caused by loss of power of the valves in the veins which permit the blood to regurgitate; the pure blood, by its own gravity, naturally presses the veins which become enlarged, causing ulceration; frequently a vein bursts, causing dangerous and fatal hemorrhage. Now in such cases the blood, whether pure or impure, has nothing to say, and attributing such affections to it would not be less unreasonable than, if a faulty gas pipe leaked or burst, to blame the fluid contained and not the pipe.

Now, from the foregoing observations, it is manifest that in the treatment of all diseases, whether local, constitutional, or specific, the state of the blood should be ascertained, its qualities determined with the nicest accuracy. With our present knowledge of chemistry and such aids as the microscope, spectroscope, etc., there is no excuse for the practitioner who either mistakes or overlooks these lesions.

The following communications are selected from a great number which we have received from grateful patients, all of whom have intimated to us their desire that we might give publicity to their cases, with their names and addresses. This, however, is a course we do not desire, and we have substituted the general initials of A, B, C, etc., and we have resolved never, at any time, to pursue any other mode. Even the cases we may from time to time publish under an initial will always be taken from those who have expressly given us liberty to make any use we thought fit of the letters or testimonials, and who are willing to be referred to.

We may add that the annexed cases are chosen, not because they presented any symptoms of peculiar gravity, or, so far as we could see, any difficulty of cure, but simply as affording typical illustrations of the principles we are endeavoring to promulgate.

CASE 2104.—This gentleman consulted us under the following circumstances: He was 25 years old, had led a sedentary life, and for ten years had been addicted to debilitating habits which had enervated both mind and body. He was well developed, every organ normal, had never complained of illness, not being conscious of any infirmity, he got married. Whilst on his wedding tour he became nervous, very weak; and was prostrated by fits of the most distressing despondency.

When he consulted us, his spirits were so depressed that, to use his own words, he said, "I am ashamed of my wife and all her friends, I dread going into their society." He had obtained the best medical

advice and appeared to be annoyed and irritated at being constantly told that there was nothing the matter with him, and treated as a hypochondriac: he had also been frightened by charlatans. Our first feeling was one of pity for his evident suffering. Now, the first link in the chain which enabled us to diagnose his case was an eruption of pimples, which we observed on his face and forehead. We discovered that his blood was fearfully impoverished and his functional powers had failed. Really all he required was a well directed course of medical treatment. We reasoned with him, encouraged him, and demonstrated to his satisfaction the true nature of his affliction. This was eight months after his marriage: three months after consulting us we received the letter A, which speaks for itself. Five years have since elapsed, he is to-day in the enjoyment of absolute health, he has three children, and he tells us he considers himself a very happy man.

#### LETTER A.

DOCTORS JACQUES AND HUBER.

*Gentlemen:*—I should have written to you sooner, but, to be candid, I was waiting to see if my cure would be permanent. Of course you will pardon me for being a little sceptical, considering my long suffering and the many disappointments I met with. Well I have now to inform you I feel perfectly cured. I am in good health and spirits and am in the enjoyment of happiness that I never expected. I do not know how to express my gratitude to you, not alone for your great skill and successful treatment, but for the very kind manner in which you received me, your courtesy to me, a perfect stranger, and having no claim whatever on you, has made an impression on me which will not be easily forgotten. You may use this letter any way you wish: if it be at any time in my power to be of use to you, pray command the willing services of yours always faithfully,

T. A. B.

## CASE 3101.

**SCABIES B.**—This was one of the most inveterate cases of itch we have ever seen. The patient was a young man about thirty years of age. The entire body was affected; he was greatly emaciated and looked like a person in the last stage of consumption; his history was a sad record of suffering. Three years previously a rash appeared on his body, and whether by mistake or design, he was treated by various practitioners for a specific disease and had been repeatedly salivated with mercury and had taken quantities of iodide of potash, etc. When he consulted us he was quite certain he was suffering from the disease we have alluded to. We found some difficulty in persuading him of the real nature of his affection, and only succeeded in convincing him by showing him under the microscope the parasite (the *Acarus Scabiei*) which caused the eruption; his body was one mass of dirty scabs. Now we found no difficulty in destroying the parasite, and the annexed letter which was brought in by a friend of his, will show the result of our rational treatment.

PETERSBURG, VA., March 11th.

DOCTORS JACQUES AND BRODIE.

*Gentlemen:*—This will be handed to you by my friend Mr. ——. I have recommended him to consult you for a disease of the skin which has annoyed him for years. I have candidly told him the history of my own case and your great skill and success in curing me after so many had failed. So long as I live, I will be only too happy to proclaim your ability. Hoping you will be as successful with my friend as you have been with me, I am yours faithfully, S. A. M.

**CASE 3126.**—This was a case of ulcerated legs. The man was middle-aged and was in a government appointment. The ulcers were caused by varicose veins and diseased valves. He had been treated for impurity of blood and had taken quantities of medi-

cines, so-called blood purifiers. We examined a specimen of his blood and found it healthy. At this time, he was confined to his house and unable to walk and in danger of losing his situation. We directed our treatment to the diseased veins, and after one fortnight received the subjoined letter.

PHILADELPHIA, Oct. 9th.

MESSEURS JACQUES AND BRODIE

*Gentlemen* :—The successful result of your treatment induces me to write to you. The ulcers on my legs are healed, and I have returned to my employment. As I informed you, I have a good deal of walking and standing every day, yet it does not appear to affect me. Of course, as you directed me, I continue the bandages, and will do so as long as you desire. My general health is greatly improved, this I attribute to the effects of the medicine you gave for my constitution. Would it be well to continue it? If so, please send me a supply. Yours.

LETTER 5074.

RICHMOND, VA., Sept. 3d.

DRS. JACQUES AND BRODIE

By desire of Mrs. L., I write to say that her son is now quite well and has returned to school. He is in good spirits, and appears determined to make up for the years of idleness which his disease enforced, and the remedy for which was first suggested by you. We all join in kind congratulations on the marked success of your treatment, and should you desire it, we will at any time be happy to give the history of my nephew's long ill-health and his complete cure by you.

I am, etc.

BROOKLYN, March 9th.

DOCTORS JACQUES AND BRODIE

Pray accept my very best thanks. The little mixture you prescribed for me has done wonders. I am no longer nervous. I feel well and happy, indeed more so than I ever expected. I feel it a matter of duty to communicate this to you, and to say that you

are at liberty to make use of this letter, and to refer to me at any time. Hoping you will accept this expression of gratitude as sincere, I am, etc.

WASHINGTON, D. C., July 6th.

DOCTORS JACQUES AND BRODIE.

Will you kindly forward me a repetition of the medicine. It has had so good an effect that I am resolved to use it for some time. There is not a particle of the rash remaining; my health is much improved; my spirits good, and I have gained eleven pounds in weight. My face is quite free from the pimples and blotches. I have some of the ointment remaining. Please say shall I use it with the medicine, bearing in mind that my skin is now perfectly clean.

LETTER 5080.

NORFOLK, August 3d.

TO DOCTORS JACQUES AND BRODIE.

I have first to apologize for not having performed my promise of writing sooner. Shortly after my last visit to you, I was obliged to go to Europe and remained in Paris for a month. I am happy to inform you that the uneasiness has completely disappeared. The medicine had precisely the effect you told me. The eruption has left my face, so much so that when, as I purpose, I will have the pleasure of calling on you to personally thank you for your skill and kindness, you will scarcely recognize

Yours gratefully.

LETTER 7000.

BOSTON, January 9th.

DOCTORS JACQUES AND BRODIE.

According to promise, I write to say how the children are. They are all well, with the exception of the youngest boy. A small patch of the ringworm remains on his head, but is getting smaller and paler every day. I am satisfied a little more of the application will banish it completely. Please forward it to me and oblige  
Yours.



## INSTRUCTIONS TO PATIENTS.

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Doctors Jacques and Brodie cannot too strongly impress upon all persons seeking their advice the importance of having a personal interview. Such a course is desirable in all diseases, but especially so in skin and allied affections. In cases where a personal interview is impracticable, it will be necessary for the patient to write us a full and minute description of the case, its history, symptoms, the supposed cause, particularly if any specific disease has been either contracted or inherited; together with age, constitution, temperament, and habits. We will then be in a position to form a diagnosis and give our advice.

All letters must contain a remittance of three dollars, our consultation fee.

Communications to be addressed to

Drs. JACQUES & BRODIE,

7 University Place,

NEW YORK.

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OFFICE HOURS:

9 A.M. to 1 P.M.

5 P.M. to 7 P.M.



